

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574244

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/					51					
2			—					52					
3			—					53					
4			—					54					
5			/					55					
6			—					56					
7			—					57					
8			—					58					
9			—					59					
10			—					60					
11			—					61					
12			—					62					
13			—					63					
14			—					64					
15			—					65					
16			—					66					
17			—					67					
18			—					68					
19			—					69					
20			—					70					
21			—					71					
22			—					72					
23			—					73					
24			—					74					
25			—					75					
26			—					76					
27			—					77					
28			—					78					
29			—					79					
30			—					80					
31			—					81					
32			—					82					
33			—					83					
34			—					84					
35			—					85					
36			—					86					
37			—					87					
38			—					88					
39			—					89					
40			—					90					
41			—					91					
42			—					92					
43			—					93					
44			—					94					
45			—					95					
46			—					96					
47			—					97					
48			—					98					
49			—					99					
50			—					100					
TOTAL IND.			16					TOTAL IND.					
TOTAL DEP.			16					TOTAL DEP.					
TOTAL CLAIMS			32					TOTAL CLAIMS					